

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**NATIONAL STAGE FILING OF
A PCT APPLICATION UNDER
35 U.S.C. § 371(c)**

INTERNATIONAL APP. NO.	PCT/AU2003/001584
INTERNATIONAL FILING DATE	November 28, 2003
PRIORITY DATE CLAIMED	November 29, 2002
FIRST NAMED INVENTOR	KRISTINE DEBRUYNE
TITLE COCHLEAR IMPLANT DRUG DELIVERY DEVICE	
ATTORNEY DOCKET NO.	COCH-0149-US1


Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

This is an express request to begin national examination procedures under 35 U.S.C. § 371(f) of the above-identified international application in which the US has been designated. Applicants submit to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form to submit the basic, search and examination national fee.</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> A copy of the International Application as filed.
 [Total Pages <u>43</u>] (Specification, Claims & Abstract)
 [Total Drawing Sheets <u>9</u>]</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> English Translation.</p> <p>4. <input type="checkbox"/> Oath/Declaration of the inventor(s).</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Combined with Power of Attorney.</p> <p>5. <input type="checkbox"/> Amendments to claims of the International Application under PCT Article 19.</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> English Translation.</p> <p>6. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36.</p> <p>7. <input checked="" type="checkbox"/> Application Data Sheet.</p> <p>8. <input checked="" type="checkbox"/> Preliminary Amendment.</p> | <p>9. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>10. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies);</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> Paper.</p> |
|---|---|

Accompanying Items	
11.	<input type="checkbox"/> Assignment Papers (cover sheet & doc.(s)).
12.	<input type="checkbox"/> 37 CFR 3.73(b) Statement.
	<input type="checkbox"/> Power of Attorney.
13.	<input checked="" type="checkbox"/> Information Disclosure Statement (IDS).
	<input checked="" type="checkbox"/> Form PTO-SB-08a or PTO-SB-08b.
	<input checked="" type="checkbox"/> Copy of IDS Citations.
14.	<input checked="" type="checkbox"/> Return Receipt Postcard.
15.	<input type="checkbox"/> Certified Copy of Priority Document(s).
	<input type="checkbox"/> Copy of Certified Copy of Priority Document(s).
16.	<input checked="" type="checkbox"/> Copy of International Search Report.
17.	<input type="checkbox"/> Copy of International Preliminary Examination Report.
18.	<input checked="" type="checkbox"/> Copy of Written Opinion.
19.	<input type="checkbox"/> Copy of Amendments to claims of the Int'l Application under PCT Article 34.
19.	<input checked="" type="checkbox"/> Copy of published International Application.
20.	<input type="checkbox"/> Substitute Specification.
21.	<input checked="" type="checkbox"/> Other: Credit Card Payment Form

CORRESPONDENCE ADDRESS

Customer Number:		22,506	
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Signature			Date
			May 27, 2005

Patent Fee Transmittal for FY 2005

10/536714

Application Number	To be assigned
Filing Date	Concurrently
Named Inventor	Debruyne, Kristine
Examiner Name	To be assigned
Art Unit	To be assigned
Attorney Docket No.	COCH-0149-US1

Applicant Claims Small Entity Status 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT \$1,200.00

FEE CALCULATION

1. Filing Fees		Large Entity		Small Entity		Paid
Application Type	Description	Code	(\$)	Code	(\$)	
Utility	<input type="checkbox"/> Basic Examination	1011	300	2011	150	\$ -
	<input type="checkbox"/> Search	1311	200	2311	100	\$ -
	<input type="checkbox"/> Search	1111	500	2111	250	\$ -
Design	<input type="checkbox"/> Basic Examination	1012	200	2012	100	\$ -
	<input type="checkbox"/> Search	1312	130	2312	65	\$ -
	<input type="checkbox"/> Search	1112	100	2112	50	\$ -
Plant	<input type="checkbox"/> Basic Examination	1013	200	2013	100	\$ -
	<input type="checkbox"/> Search	1313	160	2313	80	\$ -
	<input type="checkbox"/> Search	1113	300	2113	150	\$ -
Reissue	<input type="checkbox"/> Basic Examination	1014	300	2014	150	\$ -
	<input type="checkbox"/> Search	1114	600	2114	300	\$ -
	<input type="checkbox"/> Search	1314	500	2314	250	\$ -
Provisional	<input type="checkbox"/> Basic Examination	1005	200	2005	100	\$ -
National Stage	<input checked="" type="checkbox"/> Basic Examination	1631	300	2631	150	\$ 300
	<input checked="" type="checkbox"/> Search	1633	200	2633	100	\$ 200
	<input checked="" type="checkbox"/> Search	1632	500	2632	250	\$ 500

2. Extra Claim Fee		Large Entity		Small Entity		Paid			
a. Claims as Filed	Code	(\$)	Code	(\$)					
Total Claims	17	- 20 =	0	x	1614	50	2614	25	\$ -
Independent	4	- 3 =	1	x	1615	200	2615	100	\$ 200
Multiple Dependent					1616	360	2616	180	\$ -
b. Claims as Amended		Large Entity		Small Entity		Paid			
Total Claims	17	- 17 *	0	x	1614		50	2614	25
Independent	4	- 4 **	0	x	1615	200	2615	100	\$ -
First Presentation of Multiple Dependent					1616	360	2616	180	\$ -

3. Extra Page Fee		Large Entity		Small Entity		Paid
Total Pages	Code	(\$)	Code	(\$)		
43	1681	250	2681	125	\$ -	
Subtotal for Application Fees		Large Entity		Small Entity		Paid
1	\$ 1,000	2	\$ 200	3	\$ -	

4. Additional Fees		Large Entity		Small Entity		Paid
Description	Code	(\$)	Code	(\$)		
Extension for response first month	1251	120	2251	60	\$ -	
Extension for response second month	1252	450	2252	225	\$ -	
Extension for response third month	1253	1,020	2253	510	\$ -	
Extension for response fourth month	1254	1,590	2254	795	\$ -	
Extension for response fifth month	1255	2,160	2255	1,080	\$ -	
Notice of Appeal	1401	500	2401	250	\$ -	
Filing a Brief in Support of an Appeal	1402	500	2402	250	\$ -	
Request for Oral hearing	1403	1,000	2403	500	\$ -	
Petitions under 1.17(f)	1462	400	1462	400	\$ -	
Petitions under 1.17(g)	1463	200	1463	200	\$ -	
Petitions under 1.17(h)	1464	130	1464	130	\$ -	
Petition - public use proceeding	1451	1,510	1451	1,510	\$ -	
Petition to Revive - Unavoidable	1452	500	2452	250	\$ -	
Petition to Revive - Unintentional	1453	1,500	2453	750	\$ -	
Utility Issue Fee	1501	1,400	2501	700	\$ -	
Design Issue Fee	1502	800	2502	400	\$ -	
Plant Issue Fee	1503	1,100	2503	550	\$ -	
Reissue Issue Fee	1511	1,400	2511	700	\$ -	
Publication Fee	1504	300	1504	300	\$ -	
Statutory Disclaimer	1814	130	2814	65	\$ -	

Description (cont.)		Large Entity		Small Entity		Paid
Description	Code	(\$)	Code	(\$)		
Recording each Assignment	8021	40	8021	40	\$ -	
Submission of IDS	1806	180	1806	180	\$ -	
Request for Cont. Examination (RCE)	1801	790	2801	395	\$ -	
Filing Submission After Final	1809	790	2809	395	\$ -	
Surcharge - late filing fee or oath	1051	130	2051	65	\$ -	
Surcharge - late provisional fee	1052	50	2052	25	\$ -	
Non-English Specification	1053	130	1053	130	\$ -	
Processing Fee 37 CFR 1.17(q)	1807	50	1807	50	\$ -	
Request for Ex Parte Reexamination	1812	2,520	1812	2,520	\$ -	
Request Pub. of SIR prior to action	1804	920	1804	920	\$ -	
Request Pub. of SIR after action	1805	1,840	1805	1,840	\$ -	
Each Add. Invention Examined	1810	790	2810	395	\$ -	
Expedited Examination (Design)	1802	900	1802	900	\$ -	
Unintentionally Delayed Priority Claim	1453	1,370	1453	1,370	\$ -	
Certificate of Correction	1811	100	1811	100	\$ -	
Maintenance Fees 3.5 years	1551	900	2551	450	\$ -	
Maintenance Fees 7.5 years	1552	2,300	2552	1,150	\$ -	
Maintenance Fees 11.5 years	1553	3,800	2553	1,900	\$ -	
Surcharge - Late Payment 6 mos.	1554	130	2554	65	\$ -	
Other fee					\$ -	

Additional Fee Subtotal \$ -

METHOD OF PAYMENT (Check all that apply)

Credit Card (Provide credit card information and authorization on PTO-2038)

Deposit Account No. **10-0233-COCH-0149-US1**


For the above-identified deposit account, the Director is hereby authorized to:

To charge the above-identified fee.

To charge any additional fees which may be required under 37 CFR 1.16, 1.17, 1.18, 1.20 and 1.492 or credit any overpayment to the deposit account number listed above.

Submitted by:

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Signature:  Date: May 26, 2005